

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042140

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 101

Primary Registration District No.

Registrar's No. 47

FILED DEC 10 1962

1. PLACE OF DEATH

a. COUNTY

Douglas

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Ava

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Douglas

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Office of Dr. Shepherd

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Ozark Hotel

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

Dr. Phillip Leighton Shepherd

4. DATE
OF DEATH

December 3 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-7-28

9. AGE (last birthday)

34

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10b. KIND OF BUSINESS OR INDUSTRY

Own Practice

11. BIRTHPLACE (City and state or country)

Wewoka, Oklahoma

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James L. Shepherd

13b. MOTHER'S MAIDEN NAME

Mary B. Klinglasmith

14. NAME OF HUSBAND OR WIFE

Jana Shepherd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jana Shepherd Heavner, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Second Personning
SuicideINTERVAL BETWEEN
ONSET AND DEATH

7

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-3-62

to 12-3-62

and last saw her alive on

Death occurred at

about

4 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. B. Bushman

22b. ADDRESS

AVA MO.

22c. DATE SIGNED

12-3-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

12-3-62

23c. NAME OF CEMETERY OR CREMATORY

Oakwood Cemetery

23d. LOCATION (City, town, or county)

Wewoka, Oklahoma

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard Funeral H. Ava, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 5-62

26. REGISTRAR'S SIGNATURE

Wesley Bushman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10340

203402

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99702

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1291-0

131-0

DEC 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Quincy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.